

DAIL Adult Services Division: Medicaid Claims Codes and Reimbursement Rates

Version 7/1/19

Billing Code	CFC Home-Based Setting	Unit	Max Amount Per Unit/Other	Hourly Equivalent	Effective Date
070	Case Management by HHA or AAA (48 hrs/calendar year max)	15 min	\$18.78	\$75.12	7/1/2019
072	Personal Care by HHA	15 min	\$7.49	\$29.96	7/1/2019
077	Personal Care by Consumer-Directed Personnel - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
081	Personal Care by Surrogate-Directed Personnel - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
073	*Respite or Companion Care by HHA	15 min	\$6.00	\$24.00	7/1/2019
075	*Respite or Companion Care Consumer-Directed - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
080	*Respite or Companion Care Surrogate-Directed - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
074	*Respite in Residential Care Home	15 min	\$101.76	n/a	7/1/2019
084	*Respite by Adult Day Service provider	15 min	\$4.18	\$16.72	7/1/2019
088	Companion by Senior Companion Agency	15 min	\$2.11	\$8.44	7/1/2019
078	Home-Based Waiver Adult Day Service	15 min	\$4.18	\$16.72	7/1/2019
076	Assistive Devices & Modifications - per calendar year	As billed	\$ 842	n/a	7/1/2019
082	Personal Emergency Response Systems-Installation & 1st Month	1-time	\$ 61	n/a	7/1/2019
083	Personal Emergency Response Systems-Ongoing	1 month	\$34	n/a	7/1/2019
089	Group Directed Attendant Care (<i>approved providers only</i>)	1 day	\$214.00	n/a	6/1/2017
097	ARIS F/EA Employer Support Services #047W070	1 month	\$78.00	n/a	2/1/2019
220	ARIS F/EA CFC Flexible Choices Support Services #047W070	1 month	\$78.00	n/a	2/1/2019
071	Flexible Choices Services	As billed	individual budgets	n/a	9/1/2016
079	Flexible Choices Consultant Pre-admission Service	15 min	\$18.78	\$75.12	7/1/2019
n/a	Flexible Choices Supportive ISO Fee (reimbursed through the individual budget)	1 month	\$194	na	1/1/2019
n/a	Flexible Choices Base Rates (reimbursed through the individual budget)	1 month	\$1,267.45	na	7/1/2019
n/a	AFC Daily Respite via Authorized Agency	1 day	\$199.58	na	7/1/2019

* Respite & Companion = 720 hours combined per calendar/year max.

Billing Code	CFC Adult Family Care (AFC)	Unit	Max Amount Per Unit/Other	Hourly or Daily Rate	Effective Date
086	Tier 1 - Adult Family Care	1 day	\$81.71	n/a	7/1/2019
086	Tier 2 - Adult Family Care	1 day	\$93.39	n/a	7/1/2019
086	Tier 3 - Adult Family Care	1 day	\$99.76	n/a	7/1/2019
086	Tier 4 - Adult Family Care	1 day	\$105.06	n/a	7/1/2019
086	Tier 5 - Adult Family Care	1 day	\$110.36	n/a	7/1/2019
086	Tier 6 - Adult Family Care	1 day	\$116.73	n/a	7/1/2019
086	Tier 7 - Adult Family Care	1 day	\$123.10	n/a	7/1/2019
086	Tier 8 - Adult Family Care	1 day	\$130.53	n/a	7/1/2019
086	Tier 9 - Adult Family Care	1 day	\$143.26	n/a	7/1/2019
086	Tier 10 - Adult Family Care	1 day	\$165.55	n/a	7/1/2019
086	AFC In-Patient Hospital Days = 94% of applicable tier	1 day	94% of Tier	n/a	7/1/2019

*In-patient hospital day = if the person is admitted to the hospital and still there at midnight.

Billing Code	CFC Enhanced Residential Care Setting	Unit	Max Amount Per Unit	Hourly Equivalent	Effective Date
092	ERC-tier 1	1 day	\$54.90	n/a	7/1/2019
		1 day	\$60.74	n/a	7/1/2019
093	ERC-tier 2	1 day	\$62.49	n/a	7/1/2019
		1 day	\$68.31	n/a	7/1/2019
094	ERC-tier 3	1 day	\$70.08	n/a	7/1/2019
		1 day	\$75.92	n/a	7/1/2019
090	ERC Special Rate (rate set for individual by prior approval)	1 day	Varies by provider	Provider Rate by individual	7/1/2007

Billing Code	MFP Demonstration Grant	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
087	MFP Transition Funds (Prior Authorization Required)	1 Unit=1 Service (PA	\$2,500 per person One-time	n/a	4/1/2012

Billing Code	CFC Home-Based Setting, Moderate Needs	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
070	Case Management (max of 12 hrs per calendar year)	15 min	\$18.78	\$75.12	7/1/2019
095	Homemaker (Max of 6 hours per week)	15 min	\$5.38	\$21.52	7/1/2019
096	*Adult Day (Max of 50 hours per week)	15 min	\$4.18	\$16.72	7/1/2019
071	Flexible Funding Allowance	As billed	Pay as billed	max allowance	4/1/2014
n/a	ARIS F/EA for MNG self-hired (via case management agency)	1 month	\$63.00	n/a	2/1/2019
n/a	MNG Flex Funds Admim Fee - Case Management Agency	1 month	\$36	n/a	7/1/2019
n/a	MNG Flex Funds Self-Hire - Minimum Hourly (via case management agency)	15 min	\$3.27	\$13.08	7/1/2019

*Maximum of 50 hours (200 units) a week may be billed up to 934 units (233.5 hours) per month.

Billing Code	CFC Nursing Home Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
120	Room and Board, 2 Bed Semiprivate, General Classification	1 day	Set per Provider	Daily	varies
128	Room and Board, 2 Bed Semi-private, Rehabilitation	1 day	Set per Provider	Daily	varies
130	Room and Board, 3-4 Bed Semiprivate, General	1 day	Set per Provider	Daily	varies
169	Level 2/Swing Bed	1 day	Set per Provider	Daily	varies
182	Nursing Home Leave of Absence Day	1 day	Set per Provider	Daily	varies
185	Nursing Home Bed Hold	1 day	Set per Provider	Daily	varies

Billing Code	Attendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	Effective Date
S5126	*ARIS F/EA Employer Support Services #1008601	1 month	\$78.00	n/a	2/1/2019

s5125	ASP - Medicaid	15 min	\$3.24	\$12.96	7/1/2019
n/a	ASP - General Fund	1 hour	\$12.56	\$12.56	7/1/2019
n/a	ARIS F/EA Employer Support Services - General Funds	1 month	\$57.00	n/a	2/1/2019

Billing Code	Traumatic Brain Injury (TBI) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
T2038 U8	Community Supports: Rehab/Long Term	1 day	\$78.60	\$78.60	7/1/2019
T2038 HI	Community Supports: Mental Health Funded	1 day	\$78.60	\$78.60	7/1/2019
S9125 U8	Respite: Rehab/Long Term (CBA)	1 day	\$196.56	\$196.56	7/1/2019
S9125 HI	Respite: Mental Health Funded (CBA)	1 day	\$196.56	\$196.56	7/1/2019
T1016 U8	Case Management: Rehab/Long Term	15 min	\$12.75	\$51.00	7/1/2019
T1016 HI	Case Management: Mental Health Funded	15 min	\$12.75	\$51.00	7/1/2019
T2017 U8	Rehabilitation: Rehab/Long Term	15 min	\$5.38	\$21.52	7/1/2019
T2017 HI	Rehabilitation: Mental Health Funded	15 min	\$5.38	\$21.52	7/1/2019
T2025 U8	Environmental & Assistive Technology: Rehab/Long Term	Unit=Lifetime	\$4,080.00	\$4080/Lifetime	7/1/2019
T2025 HI	Environmental & Assistive Technology: Mental Health Funded	Unit=Lifetime	\$4,080.00	\$4080/Lifetime	7/1/2019
T2034 U8	Crisis Support: Rehab/Long Term	1 day	\$524.03	\$524.03	7/1/2019
T2034 HI	Crisis Support: Mental Health Funded	1 day	\$524.03	\$524.03	7/1/2019
H0036 U8	Psychology & Counseling Supports: Rehab/Long Term	15 min	\$17.03	\$68.12	7/1/2019
H0036 HI	Psychology & Counseling Supports: Mental Health Funded	15 min	\$17.03	\$68.12	7/1/2019
T2019 U8	Employment Supports: Rehab/Long Term	15 min	\$5.38	\$21.52	7/1/2019
T2019 HI	Employment Supports: Mental Health Funded	15 min	\$5.38	\$21.52	7/1/2019
T1020 U8	TBI Personal Care Daily Rate: Rehab/Long Term	1 day	\$309.17	individual rates	7/1/2019
T1020 UD	TBI Personal Care Daily Rate: Mental Health Funded	1 day	\$309.17	individual rates	7/1/2019
T2024 U8	Pre-Admission Planning: Rehab/Long Term	15 min	\$12.75	\$51.00	7/1/2019
T2024 HI	Pre-Admission Planning: Mental Health Funded	15 min	\$12.75	\$51.00	7/1/2019
99199	ARIS F/EA employer support services / respite	1 month	\$78.00	n/a	2/1/2019

Billing Code	Global Commitment Services: ACCS and DHRS	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
98	Assistive Community Care Services (ACCS) - (DVHA Budget)	1 day	\$42.25	\$42.25	7/1/2019
99	*Day Health Rehabilitation Services (DHRS) - (DAIL Budget)	15 min	\$4.18	\$16.72	7/1/2019
G0299HTHB	Adult High Tech Skilled Nursing Care- RN (DVHA Budget)	15 min	\$13.26	\$53.04	7/1/2019
G0300HTHB	Adult High Tech Skilled Nursing Care- LPN (DVHA Budget)	15 min	\$13.26	\$53.04	7/1/2019
G0156HTHB	Adult High Tech Services by High Tech LNA (DVHA Budget)	15 min	\$7.16	\$28.64	7/1/2019
T1001HTHB	Adult High Tech Nursing Assessment RN/LPN (DVHA Budget)	1 visit	\$71.49	1 unit/month	7/1/2019

*Maximum of 50 hours (200 units) per week.

SFY2020 Moderate Needs Caps: Area Agency on Aging Flex Funds Caps

Located online at: <http://www.ddas.vermont.gov/ddas-publications/publications-ddas/updated-september-2013-service-codes>

CFC Provider Number	Provider	SFY2020 Cap	effective date
047W013	Age Well	\$110,206	7/1/2019-6/30/2020
047W014	Central VT Council on Aging	\$63,771	7/1/2019-6/30/2020
047W003	Northeast Kingdom Council on Aging	\$44,349	7/1/2019-6/30/2020
047W015	Senior Solutions	\$63,326	7/1/2019-6/30/2020
047W024	Southwestern VT Council on Aging	\$60,283	7/1/2019-6/30/2020
<i>Total:</i>		\$341,935	\$341,935

SFY2020 Moderate Needs Caps: Home Health Agency (Homemaker and Flex Funds Combined)			
CFC Provider Number	Provider	SFY2020 Cap	effective date
047W005	Addison County Home Health and Hospice	\$210,911	7/1/2019-6/30/2020
1018457	Bayada Nurses	\$22,143	7/1/2019-6/30/2020
047W016	Central VT Home Health and Hospice	\$321,709	7/1/2019-6/30/2020
047W001	Franklin County Home Health Agency	\$250,308	7/1/2019-6/30/2020
047W019	Lamoille Home Health	\$152,746	7/1/2019-6/30/2020
047W004	Northern Counties Health Care Inc.,	\$237,010	7/1/2019-6/30/2020
047W023	Orleans-Essex VNA & Hospice, Inc.	\$267,214	7/1/2019-6/30/2020
047W017	VNA and Hospice of VT/NH	\$768,144	7/1/2019-6/30/2020
047W192	UVMHN Home Health & Hospice	\$660,694	7/1/2019-6/30/2020
047W012	VNA and Hospice of the Southwest Region (Rutland)	\$628,087	7/1/2019-6/30/2020
<i>Total Home Health:</i>		\$3,518,966	

SFY2020 Moderate Needs Caps: Adult Day			
CFC Provider Number	Provider	SFY2020 Cap	effective date
047W030	Bennington Project Independence	\$183,593	7/1/2019-6/30/2020
047W032	The Gathering Place (Brattleboro Area Adult Day Services)	\$173,570	7/1/2019-6/30/2020
047W164	CarePartners	\$168,103	7/1/2019-6/30/2020
047W031	Elderly Services, Inc.	\$353,214	7/1/2019-6/30/2020
047W371	Gifford Medical Center (Includes Barre PI)	\$246,656	7/1/2019-6/30/2020
047W272	Meeting Place	\$62,326	7/1/2019-6/30/2020
047W021	Out & About (Lamoille Day Health Services)	\$201,490	7/1/2019-6/30/2020
047W028	Oxbow Senior Independence Program, Inc.	\$32,974	7/1/2019-6/30/2020
047W026	Riverside Life Enrichment Center	\$157,929	7/1/2019-6/30/2020
047W033	Rutland Community Programs, Inc.	\$50,654	7/1/2019-6/30/2020
047W069	Springfield Hospital	\$223,834	7/1/2019-6/30/2020
047W192	UVMHN Home Health Adult Day	\$315,012	7/1/2019-6/30/2020

Total: \$2,169,355

Caregiver Wages Effective 7/1/2019 (Established through Collective Bargaining Agreement)

Service	minimum wage	*Min hourly rate on file after multiplier	max. hourly wage	*Max hourly rate after multiplier
CFC Personal Care by Consumer-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
CFC Personal Care by Surrogate-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
CFC Respite Care or Companion by Consumer-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
CFC Respite Care or Companion by Surrogate-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
Moderate Needs Flex Funds - Self-Hire - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
Attendant Services Program- Medicaid - Hourly	\$11.55	\$12.96	\$25.00	\$28.04
Attendant Services Program-General Fund - Hourly	\$11.55	\$12.56	\$25.00	\$27.23
TBI respite daily rate	\$176.48	\$196.56	n/a	n/a
CFC Daily Respite (AFC, Flex Funds)	\$176.48	\$199.58	n/a	n/a

*Workers Comp/Unemployment/Sick Leave Multipliers	7/1/2019
Choices for Care	13.09%
Attendant Services Program - Medicaid	12.15%
Attendant Services Program - General Funds	8.90%
Traumatic Brain Injury	11.38%